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I. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE X	STATISTICAL	
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7. FORMAT (memo	orandum, form	8. ADP PROCESSING		9. DI	RECTIVE AUTHORITY	REQUIRING REPORT	
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3. COMPLETE DET	AILED JUSTIF	ICATION FOR THIS RE	PORT (in addition	to directive o	or authority cited	in item 9). IF KNO	
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